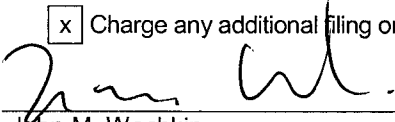


| | | | | | |
|--|---|---|-----------------------------------|----------|------------------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 030048095US | | |
| Application No. 10/568,793-Conf. #6416 | Filing Date May 27, 2008 | Examiner J. J. Yang | Art Unit 2612 | | |
| Applicant(s): Cook et al. | | | | | |
| Invention: METHODS AND SYSTEMS FOR DETECTING ICING CONDITIONS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 20 | - 26 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within second month Information Disclosure Statement | | | | | 490.00 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 670.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge EFT Account No. <u>50-0665</u> in the amount of \$ <u>670.00</u> . | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0665</u> as described below. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  John M. Wechkin Attorney/Agent Reg. No.: 42,216 PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000 | | | Dated: <u>Aug 12, 2011</u> | | |